

**KATHY HOCHUL**  
Governor

**ANN MARIE T. SULLIVAN, M.D.**  
Commissioner

**MOIRA TASHJIAN, MPA**  
Executive Deputy Commissioner

**TO:** NYS Article 31 Mental Health Provider Agencies  
NYS Article 28 Hospital Provider Facilities  
OMH-Operated Psychiatric Center Executive Directors, Quality and Risk  
Management Directors

**FROM:** Suzanne Feeney, MBA, Deputy Commissioner, Division of Quality Management

**DATE:** April 21, 2020

**SUBJECT:** Incident Reporting and NIMRS Update

To aid in the identification and tracking of COVID-19 related deaths, the New York State Incident Management and Reporting System (NIMRS) has been updated to include a new subtype when reporting Death incidents.

Please choose the subtype "COVID-19 Related" for any client death which can be attributed to, or is suspected to be related to, COVID-19. Please review any reportable deaths that have occurred since March 1, 2020 and update the final incident subtype as necessary. If the incident report is closed, please reopen and change the final incident subtype on the Investigation Findings and IRC tabs. Please note that this subtype cannot be utilized for deaths that occurred prior to March 1, 2020.

OMH is **not** requiring providers to report in NIMRS when clients have been tested for COVID-19 and are awaiting results or when a client tests positive for COVID-19. If a person is thought to have symptoms of COVID-19 or meets other screening criteria, providers should call the NYS DOH Hotline at 1-888-364-3065 or local health department at <https://www.nysacho.org/directory/> for instruction.

Providers should continue to adhere to OMH NYCRR Part 524 regulations for all incident reporting requirements. Information on incident reporting requirements can be found using the links below or by calling your regional Clinical Risk Manager at (518) 474-3619.

[https://omh.ny.gov/omhweb/policy\\_and\\_regulations/adoption/part-501.pdf](https://omh.ny.gov/omhweb/policy_and_regulations/adoption/part-501.pdf)

[https://omh.ny.gov/omhweb/dgm/bqi/nimrs/regulations/omh\\_nimrs\\_reportability\\_card.pdf](https://omh.ny.gov/omhweb/dgm/bqi/nimrs/regulations/omh_nimrs_reportability_card.pdf)

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See NIMRS entry examples below.

Next >	Save	Delete Client	New Incident	Close Incident		
Incident		Client	Initial Findings	Notification	Investigation & CAP	History
<b>Incident</b>						
Incident # <New Incident>						Incident Status
Facility Name		Contact #		Extn. 207		
Ward/Program # 007		Program Name				
Site On Site		Location				
Incident Type Death of Client		Incident Sub Type				
Harm 3-Life threatening injury (emergency life-sa		Risk				
Incident Date		Discovered Date				
Incident Time		Time Unknown				
Incident Description		Lack of Appropriate Treatment				
		Any death attributed to or suspected to be caused by COVID-19.				
		Medication Error				
		Covid-19 Related				
Help	User Defined Fields			< Back	Next >	Save

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< Back	Next >	Save	New Incident	Close Incident		
Incident	Client	Initial Findings	Notification	Investigation & CAP	History	
Investigation Findings & IRC		Corrective Action Plan				
<b>Investigation Findings</b>						
Incident #	<New Incident>		Incident Status			
Special Investigation	<input type="radio"/> Yes <input type="radio"/> No		Regional CRM Root Cause Analysis (For Sentinel Events*)		<input type="radio"/> Yes <input type="radio"/> No *For TJC accredited facilities only	
<b>Contacts</b>						
First Name	Last Name	MI	Role	Role Details	DOB	Address
None	None	None	None	None	None	None
<input type="button" value="Add Contact"/>						
Investigation Notes						
Investigation Conclusions						
Investigation Attachment(s)						
<input type="button" value="Attach Investigation Material/View Log"/>			No Investigation Material uploaded for this incident yet			
<b>Incident Review Committee (IRC)</b>						
IRC Review Date <input type="text"/>						
Contributing Factor(s)						
<input type="checkbox"/> Action Of Employee	<input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Action Of Patient	<input type="checkbox"/> Equipment Problems	<input type="checkbox"/> Restraint or Sedation	<input type="checkbox"/> Alcohol Use/Abuse
<input type="checkbox"/> Anger Expression (Inappropriate)	<input type="checkbox"/> Fall	<input type="checkbox"/> Seizure/Loss Of Consciousness	<input type="checkbox"/> Attention Seeking Behavior	<input type="checkbox"/> Inappropriate Staff Intervention	<input type="checkbox"/> Significant Personal Loss	<input type="checkbox"/> Choking
<input type="checkbox"/> Contraindication	<input type="checkbox"/> Medication Side Effect	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Delusions/Hallucinations	<input type="checkbox"/> Non-compliance with Medication	<input type="checkbox"/> Unsafe Conditions on Facility Property	<input type="checkbox"/> Electroconvulsive Therapy (ECT)
<input type="checkbox"/> Client on Pass	<input type="checkbox"/> Non-compliance with Therapy	<input type="checkbox"/> Other	<input type="checkbox"/> Patient Missing	<input type="checkbox"/> Unknown		
IRC Findings						
Final Incident Type: Death of Client			Final Incident Sub Type: Covid-19 Related			